NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ALPHA EPSILON DELTA**

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| **ORGANIZATION / COMPANY / EVENT** | **DATE** | **HOURS** | **AUTHORIZATION** |
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